



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation

State	<input type="checkbox"/>
District	<input type="checkbox"/>
County	<input type="checkbox"/>

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County:			District:		District Level:	
49 Sweet Grass			0865 Big Timber Elem		Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
1	2400	Yes	Sargent, Martina		1.25	_____
1	2401	Yes	Evjene, Jed & Annie		1.75	_____
1	2402	No	Mulholland, Pate & Janell		3.75	_____
1	2403	No	Brownlee, Rochelle		1.75	_____



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District ☐  
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DATES:**

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**February 1 to County Superintendent**  
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**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

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Date			Signature, Chair, Board of Trustees		
County: <b>49 Sweet Grass</b>			District: <b>0868 Melville Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
5	2404	No	Holman, David	3.50	_____
5	2405	No	Plaggemeyer, Shauna	2.00	_____
5	2406	No	King, Kaonii F	2.75	_____
5	2407	No	Buchanan, Ginger	2.00	_____
5	2408	No	Adams, Leslie	0.50	_____
5	2422	Yes	Kapphan, Debora	1.75	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>49 Sweet Grass</b>			District: <b>0872 Greycliff Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
16	2409	No	Hamel, Georgi	6.00	_____
16	2410	No	Bainter, Cynthia	2.00	_____
16	2420	Yes	Royce, Meredy	3.00	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>49 Sweet Grass</b>			District: <b>0875 McLeod Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
29	2411	No	Wright, Billie	3.75	_____
29	2412	No	Schwerts, Kirstin	1.50	_____
29	2413	No	Lovely, Mona	4.50	_____
29	2414	No	Foult, Paula	3.30	_____
29	2421	Yes	Hogemark, Kristi	0.50	_____



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Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
<b>49 Sweet Grass</b>			<b>0882 Sweet Grass County H S</b>		<b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
CO	2400	Yes	Sargent, Martina	1.25	_____
CO	2401	Yes	Evjene, Jed & Annie	1.75	_____
CO	2415	No	Gould, Kathleen B	2.25	_____
CO	2416	No	Hancock, Roger	2.50	_____
CO	2417	No	Clark, Lon & Lora Lee	5.05	_____
CO	2418	No	Berkholder, Jason	3.50	_____
CO	2419	No	Macalister, Rick	0.75	_____
CO	2420	Yes	Royce, Meredy	3.00	_____
CO	2421	Yes	Hogemark, Kristi	0.50	_____
CO	2422	Yes	Kapphan, Debora	1.75	_____